

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET							SERIAL NO.	FILING DATE				
							APPLICANT(S)					
							CLAIMS					
AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT								
	IND	DEP	IND	DEP	IND	DEP	IND	DEP	IND	DEP		
1	/						51					
2	/						52					
3							53					
4							54					
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43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
TOTAL IND.	/						TOTAL IND.					
TOTAL DEP.	781						TOTAL DEP.					
TOTAL CLAIMS	781						TOTAL CLAIMS					